



Animal Massage Practitioner Certification Application Packet

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Important Social Security Number Information:

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, contact the Customer Service Center at 360.236.4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
PO Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Animal Massage Practitioner Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360.236.4700

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Application Instructions Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be typed or printed clearly in ink. It is your responsibility to submit the required forms required.

Check one: small animal certification or large animal certification.

Do you hold a credential in Washington State? Check no or yes. If you do hold a credential in Washington State, provide your credential number.

☐ **Application Fee.** This fee is non-refundable. You can check the [fee page](#) for current fees.

☐ **1. Demographic Information:**

Social Security Number: You must list your social security number on your application. Please call the Customer Service Center at 360.236.4700 if you do not have one.

Legal Name: List your full name, first, middle, and last.

Definition of legal name: "Legal name" is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day and year of your birth.

Birth place: Provide the city, state and country where you were born.

Address: List the address we should use to send any information on your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

Phone, Fax and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

☐ **2. Personal Data Questions:**

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer "yes" to any questions in this section, you must provide an

appropriate explanation. You must also provide the documentation listed in the note after the question.

If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- Another jurisdiction means any other country, state, federal territory, or military authority.

☐ **3. Education:**

List in date order your educational preparation and training. If you need more space, attach a piece of paper.

☐ **4. Experience:**

List in date order your professional experience and practice from date you completed program. If you need more space, attach a piece of paper.

☐ **5. Other License, Certification or Registration**

You must verify all animal massage credentials that you hold or have held in any other state, territory, or possession of the United States or Canadian province. Verification is required if the credential is active, inactive, or expired.

An Out-of-State verification form for license, certification or registration is enclosed and must be sent to each state listed above. Enter your full name and birth date at the top of the form so the state can identify you. You can contact the state licensing authority for information regarding fees for verification of credential.

☐ **6. AIDS Education and Training Attestation:**

Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of four hours is required. Course content can be found in [WAC 246-12-270](#),

☐ **7. Applicant's Photograph:**

Attach a current photograph in the box provided or attach it to the application. Indicate date the photograph was taken and sign in ink across the bottom of the photo. The photograph must be clear, close up and front view. Your application will not be processed without a current photograph.

☐ **8. Applicant's Attestation:**

You must sign and date this for us to process the application. Read this very carefully.

Certification Requirements

To qualify for certification, you must:

☐ **Education**

Successfully complete a three hundred hour training program approved by the secretary. Training includes instruction in general animal massage techniques, kinesiology, anatomy, physiology, behavior, first-aid care, and handling techniques: (See [WAC 246-940-060](#).)

Large animals: The three hundred hours of instruction must be related to the performance of animal massage on large animals;

Small animals: The three hundred hours of instruction must be related to the performance of animal massage on small animals;

For certification in both large and small animals: You must complete the training for both.

☐ **Examination**

Successfully complete a qualifying examination approved by the secretary:

Large animals: National Certification Examination for Equine Massage administered by the National Board of Certification for Animal Acupressure and Massage;

Small animals: National Certification Examination for Canine Massage administered by the National Board of Certification for Animal Acupressure and Massage.

Proof of successful completion of a certification examination. Contact the National Board of Certification for Animal Acupressure and Massage at <http://nbcaam.org/applicationprocedures.html>.

☐ **Jurisprudence Examination**

Successfully complete the Washington State Animal Massage Jurisprudence Examination.

☐ **AIDS Education and Training**

Complete four clock hours of AIDS education and training.

You must submit:

☐ **Official Transcripts:** Your transcripts must come directly to the Department of Health from the program where you completed the training.

☐ **Certification Examination:** Proof of successful completion of a certification examination. Contact the National Board of Certification for Animal Acupressure and Massage at <http://nbcaam.org/applicationprocedures.html>.

- ☐ **Jurisprudence Examination:** Completion of the enclosed Washington State Jurisprudence Examination. Applicable statutes and rules may be accessed at: [http://www.doh.wa.gov/hsqa/professions/Animal Massage/default.htm](http://www.doh.wa.gov/hsqa/professions/Animal%20Massage/default.htm).

Non-accredited Education:

You must meet all certification requirements except the training may be from a non-accredited program.

If you have not completed an accredited program, you may submit proof of instruction from a non-accredited program. Proof of instruction must include three hundred hours of instruction related to either large or small animals and must include the same required content areas as persons who completed an accredited program.

Your application for certification including all supporting documentation based on non-accredited education must be submitted by December 31, 2011.

(See [WAC 246-940-160](#).)

Additional documentation may be required by the secretary to determine whether your training is qualified for certification.

Background
Check
Stamp
Here

Date
Stamp
Here

Revenue 0299100000

Animal Massage Practitioner Certification Application

I am applying for: ☐ Small Animal Certification ☐ Large Animal Certification

Do you hold a credential in Washington State? ☐ No ☐ Yes If yes, credential #

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions.)

☐ Male
☐ Female

Name First Middle Last

Birth date (mm/dd/yyyy)	Place of birth		
	City	State	Country

Address

City	State	Zip	County
------	-------	-----	--------

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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Email address

Mailing address (if different from address of record)

City	State	Zip	County
------	-------	-----	--------

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information with the department.

Have you ever been known under any other name(s)? ☐ Yes ☐ No
If yes, list name(s):

Will documents be received in another name? ☐ Yes ☐ No
If yes, list name(s):

For Office Use Only

License # _____ Issue date _____

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation..... ☐ ☐

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☐

4. Are you currently engaged in the illegal use of controlled substances?..... ☐ ☐

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ... ☐ ☐

Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (cont.)

Yes No

- a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction? ☐ ☐

Note: If you answered “yes” to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.

- b. If you answered “yes” to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete? ☐ ☐
6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? ☐ ☐
- b. Diverted controlled substances or legend drugs? ☐ ☐
- c. Violated any drug law? ☐ ☐
- d. Prescribed controlled substances for yourself? ☐ ☐
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, please attach an explanation and provide copies of all judgments, decisions, and agreements? ☐ ☐
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? ☐ ☐
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? ☐ ☐
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? ☐ ☐

3. Education

List all of your educational preparation and training. If you need more space, attach a piece of paper.

Full name, city and state of schools attended	Degree earned	Attendance	
		Entrance date	Ending date

4. Experience

^p List all of your professional experience and practice from date you completed program. If you need more space, attach a piece of paper.

Name and location of institution	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Type of experience or specialty

5. Other License, Certification, or Registration

List all states or jurisdictions, United States and foreign, where credentials are or were held. List all credentials, active, inactive, and expired, and licensure type. If you need more space, attach a piece of paper.

State/ Jurisdiction	License/Certification/Registration Type	Method Licensed			License/Certification/Registration	
		Exam	Endorse	Grandparented	Year Issued	Number

8. Aids Education and Training Attestation

I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS. This includes the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested.

I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked.

Applicant's Initials	Date
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7. Applicant's Photograph

Photo Here



Attach Current Photograph Here.
Indicate Date Taken and Sign in Ink
Across Bottom of the Photo.

Note: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs **not** acceptable

8. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of the state of
Name of Applicant

Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW [18.130.170](#) and RCW [18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ at _____
mm/dd/yyyy City, state

By: _____
Original Signature of Applicant

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Animal Massage Practitioner Credentialing
PO Box 47877
Olympia, WA 98504-7877
360.236.4700

Washington State Jurisprudence Examination for Animal Massage Practitioner Certification

1. Which of the following techniques is not within the scope of practice of a certified animal massage practitioner?
 - a. Compressions.
 - b. Acupuncture involving the use of needles.
 - c. Swedish gymnastics or movements.
 - d. Connective tissue stretching.
2. Washington State certified animal massage practitioners are required to maintain records of animal massage services for a minimum of:
 - a. Seven years.
 - b. Ten years.
 - c. Three years.
 - d. Eight years.
3. A certification to practice as an animal massage practitioner must:
 - a. Be kept on the licensee's person at all times.
 - b. Be certified and kept on file at the licensee's county courthouse.
 - c. Be conspicuously displayed in the primary place of practice and a copy available when providing animal massage services at locations other than their primary place of practice.
 - d. Be on file with the licensee's employer.
4. Which of the following is considered unprofessional conduct?
 - a. Providing false information when applying for a license.
 - b. Misrepresentation or fraud in any aspect of the conduct of the business or profession.
 - c. False or misleading advertising.
 - d. All of the above.

5. When does a certified animal massage practitioner renew their license?
 - a. Annually on the birth anniversary.
 - b. Every 2 years.
 - c. Every 3 years.
 - d. Every 5 years.
6. Unprofessional conduct by a certified animal massage practitioner may result in:
 - a. Revocation or suspension of registration.
 - b. Remedial education.
 - c. Censure or reprimand.
 - d. All of the above.
7. If the certified animal massage practitioner suspects that an animal has an injury or condition that may require veterinary care, the practitioner must:
 - a. Examine the animal to determine the nature of the condition.
 - b. Recommend a course of treatment to the client.
 - c. Do nothing.
 - d. Advise the client of the suspected injury or condition and make a notation in the animal's record.
8. Records of animal massage services must include:
 - a. Name, address, and telephone number of the owner or authorized agent.
 - b. Name or other identification of the animal.
 - c. Description of the animal's condition and the nature of the massage services provided.
 - d. All of the above.
9. Which of the following is not required to be furnished to the client in the Client Information Form?
 - a. The animal massage practitioner's qualification.
 - b. A description of the animal being treated.
 - c. A statement that the certified animal massage practitioner is limited to providing massage solely for purposes of animal well being.
 - d. A statement that clarifies the services that may not be performed by a certified animal massage practitioner.
10. Where is the Client Information Form maintained?
 - a. It is released to the client following animal massage services.
 - b. It is posted in the primary place of business.
 - c. A copy of the signed information form must be maintained in the animal's record.
 - d. There is no requirement to maintain the Client Information Form.

11. If the animal massage practitioner certification has expired for more than five years, in addition to other standard requirements for reinstatement, a practitioner must also:
 - a. Complete an additional 100 hours of training.
 - b. Submit verification of active practice in any other state or jurisdiction, or retake and successfully pass the examination required for original certification.
 - c. Complete six months of supervised experience under a currently certified animal massage practitioner.
 - d. Complete an additional 25 hours of training.
12. Dishonest or unethical treatment of patients is deemed unprofessional conduct:
 - a. Depending on the license holders intent.
 - b. Whether or not a crime has been committed.
 - c. Only after harm or injury to patients has been demonstrated.
 - d. Only after criminal behavior has been established in a court of law.
13. Applicants for license must reveal:
 - a. All material facts.
 - b. Only prior convictions.
 - c. Only violations of professional misconduct.
 - d. All information two years prior to application.
14. When the disciplinary authority requests information regarding a complaint, the license holder must:
 - a. Respond in person.
 - b. Obtain legal counsel.
 - c. Respond within five working days.
 - d. Furnish in writing a complete explanation.
15. An individual who in good faith files a complaint against an animal massage practitioner charging unprofessional conduct is:
 - a. Immune from any civil or criminal action suit related to the complaint.
 - b. Required to appear in person at every hearing related to the complaint.
 - c. Entitled to the full refund of any payment for animal massage services rendered.
 - d. Entitled to compensation in the amount of the designated civil penalties.
16. A person may not practice as a certified animal massage practitioner until:
 - a. They have completed 300 hours of training.
 - b. They have submitted an application to the Department for certification.
 - c. They are registered with the Department of Revenue.
 - d. They are issued an animal massage practitioner certification by the secretary.

17. Once certified, an animal massage practitioner may delegate any animal massage practitioner service to another person as long as:
 - a. That person is located in the same office.
 - b. The person is under the immediate supervision of the certified animal massage practitioner.
 - c. A certified animal massage practitioner may not delegate services.
 - d. That person has completed 300 hours of training.
18. It is the responsibility of each practitioner to maintain his or her correct name on file with the department. To change the name on file with the department, an individual must:
 - a. Submit requests in writing along with acceptable documentation, including a copy of a marriage certificate, divorce decree or court order of legal name change.
 - b. Send an email or fax to the department requesting a name change.
 - c. Write the name change on the renewal card when completing the annual credential renewal.
 - d. Telephone the department in person and advise of the name change.
19. Which of the following is considered unprofessional conduct:
 - a. Current misuse of alcohol.
 - b. Current misuse of controlled substances.
 - c. Current misuse of legend drugs.
 - d. All of the above.
20. Animal massage does not include which of the following:
 - a. Stroking.
 - b. Diagnosis of diseases.
 - c. Swedish gymnastics or movements.
 - d. Percussions.



Animal Massage Practitioner Credentialing
PO Box 47877
Olympia, WA 98504-7877
360.236.4700

Out-of-State Credential Verification

To the State Board: The individual below is applying for certification as an Animal Massage Practitioner in Washington State. Please complete and mail this form directly to the address above. This will assist the department with the review process.

Thank you for your cooperation.

Name of licensee _____

License number _____ Date of issue _____

Expiration date _____

Issued on the basis of _____

State examination _____ National Board _____

Reciprocity/Endorsement from (indicate state) _____

Other (explain) _____

Has licensee's license ever been suspended, revoked or subject to other disciplinary action?

☐ Yes ☐ No

If yes, please explain _____



Signature of verifier _____

Title _____

State board _____

Date _____

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RCW/WAC and Online Web Site Links

RCW/WAC Links

Uniform Disciplinary Act.....	<u>RCW 18.130</u>
Administrative Procedure Act	<u>RCW 34.05</u>
Administrative procedures and requirements.....	<u>WAC 246-12</u>
Animal Massage Practitioner RCW	<u>RCW 18.240</u>
Animal Massage Practitioner WAC	<u>WAC 246-940</u>

On-Line

AIDS Training Resources	<u>Reference Page</u>
Animal Massage Practitioner Program.....	<u>Web Page</u>